

APPLICATION FOR RECORDS RETENTION SCHEDULE

Georgia Department of Labor Employment Security Agency Administrative Services Division
Records Management and Controls
of the Agency's Records Management and Controls Unit will be of assistance in com-

pleting this form	n. After Divisio	n Director/Designee has signed the form, Memorial Drive, S. W., Atlanta, Georgia	forward original to A	dministrative Services I	Division, Records
FOR AGENCY USE		1. Agency Address	FOR RECORDS MANAGEMENT USE		
Application Date				Application Number	
7/13/82		Georgia Department of Labor Special Programs Payment Unit		83-31	
Application Nu	mber	4th floor		Date Received	Date Completed
,,		254 Washington Street		SEP 1 3 1982	JAN 1 9 1983
0 0		Atlanta, Ga 30334	Working Title		Telephone Number
2. Person to Contact		en e	vorvioor	656-3074	
Barbara Wh	nitlock		WIN Office Sup	er Argûr	<u> </u>
b. Dispose Dis	ablish Retention pose of present lend Application les Latest Office Function pecial Prog	5. Records Series Title (followed by ti WIN (Work Incentive Progr What is the function of the I rams Payment Unit receives	nticipated. One: Change; tle used in office; if did am) Payorder Ca Division and the Office initial enrollm	fferent) ard in which this record s ment forms and e	establishes a
ance and wa expense all maintains o	age payment lowance to controls to	ch trainee; receives and pr s. Also processes payment participants enrolled in th prevent overpayments or du d eligibility for payments	of incentive all e Work Incentive plicates, makes	llowance and tra ve Program. Est s periodic revie	ining related ablishes and w of records
7. Record Serie		This file contains the follow Attach samples of the file.	3	# 1	
Documents Included are		ertification of benefits to		nt of benefit ch	ieck
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File is arran	ged: by ful	1 social-security number			
	nonths old months and old	<u> </u>		to twenty-four month	s old;
	e of Accumulati drawers5	•	Shelves;	Other (specify)	
<u></u>					ESA 144 (D.E/R

YES NO	10. Questionnaire (P.	lace an "X" in t	he proper column)						
	a. Is this the official copy of the series?									
<u> </u>	If not, where is it? b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.									
x				en de la companya de La companya de la co						
<u> </u>	c. Is this a vital record?		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
X	d. Does this series have				e for a long period, could the	ese documents				
х	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?									
_ <u>x</u>	 	f. Is the information contained in this series ever published? If yes, attach copy.								
х	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.									
	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?									
	i. Is this series (or a ma	ojor portion of i	t) regularly micro	filmed?						
x L	j. Does the record serie		* * * * * * * * * * * * * * * * * * * *		r in Fund Control	<u> </u>				
11. Reten	tion Requirements	The follo	wing requires the	series to be kept:		,				
a. Sta	ite Law	yeaı	's.	d. Audit period		_ years.				
b. Sta	tute of limitation	year	'S.	e. Administrative	need	_years.				
c. Fe	deral Law	year	s.	f. Federal retention	on instructions3	years.				
Attac	h copy or excert of laws or	regulations, Ex	cplain administrati	ive need.						
TITAL IL)			•	:				
MIN Ha	indbook # 318 IX-	3, item K								
	F			· · · · · · · · · · · · · · · · · · ·						
A.T.			· · · · · · · · · · · · · · · · · · ·	et sage						
12. Appro	oved Disposition Instruction	ns This agen	cy recommends the	hat the file series be cut o	off at the end of each:					
	Hold in the current files ar Transfer to local holding a Transfer to State Records Destroy. Transfer to State Archives Other (Specify)	ea rea; hold Center; hold	month(s) year(s)	; then		then.				
	old until deregist									
then	etain 3 years and					- 1				
until					ng request is resol any overpayment ca					
	igation is resolve			csorved, and a	any overpayment ca	SC OI				
			<i>j</i> .	и						
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These	inestructions apply to all pi	ior and future a	ccumulations of t	he series.						
	gion Director/Designee (Sig		Date		ent Officer (Signature)	Date				
	1-11.0		(1.1 d.	Mak 1	1.1.1	4/ 10				
, , , , , , , , , , , , , , , , , , , ,	X Carle	79	9-1-82	-111011	WIN	1/20/52				
	/ESA Director (Signature	/	Date	Chief, Records Manage	ment & Controls (Signature)	Date				
/	LVOUTATY In	0170	9-7-82	William 7	Yohnson	7-20-82				
_				State Records C	mmittee (Signature)	Date				
12 are ap	endations in paragraph proved. (If disapproved,	State Audi	tor/Designee	homot	Lund	11-4-82				
attach lei	tter of explanation.)	Secretary of	State/Designee	Edward Wel	do	11/2/82				
		Attorney Ge	neral/Designee	Men	m.	11743				

(Reverse Side)